

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

File with:
 Iowa Ethics and Campaign
 Disclosure Board
 510 E. 12th St. 1A
 Des Moines, Iowa 50319
 Fax 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

COMMITTEE NAME (Must be same as on Statement of Organization)
Concerned Citizens for Miller

IMPORTANT: Indicate by # type of committee you are reporting for:
 (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
 (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name: Linda Miller Political Party (if applicable): Republican

Office Sought: State representative District (if Senate or House): 82

FORM DR-2
 (Rev. 12/2009) **DISCLOSURE REPORT**

For Office Use Only

Comm. # 1611
 Logged In S
 Scanned _____
 Computer _____
 Audited _____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Donnie Markley 563 332-1583 10/18/10
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A October 19, 2010 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
 (You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election _____

County & Local Committees, enter County in which Election is held _____

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) \$ 16,604.45

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below) 16,050.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 32,654.45

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) 10,562.15

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero) \$ 22,092.30

****UNPAID BILLS** (From Schedule D - Attach Schedule D) \$

****IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) \$ 76.75

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) \$

CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form.

CONTRIBUTIONS -- MONEY TAKEN IN
(including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Concerned Citizens for Miller

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
8-5-10	ID# 6064 CK# 3046	IOWA F.O.R.E. 8525 Douglas Des Moines IA 50322		\$ 500.00	<input type="checkbox"/>
8-21-10	ID# 6116 CK# 1825	Political Action - Iowa Dealers 1311 50th St. W Des Moines IA 50266		100.00	<input type="checkbox"/>
8-21-10	ID# 6155 CK# 4800	IOWANS Art Tax Relief PAC PO Box 209 Muscatine IA 52761		250.00	<input type="checkbox"/>
8-21-10	ID# CK#	Scott Co. Republican Women 313 E Central Park Davenport IA 52803		350.00	<input type="checkbox"/>
8-28-10	ID# CK#	Eileen Fisher 5109 110th St. Solon IA 52333		25.00	<input type="checkbox"/>
8-28-10	ID# CK# 1140	IA Society of Anesthesiologists PAC 525 SW 5th Des Moines IA 50309		500.00	<input type="checkbox"/>
8-28-10	ID# 6027 CK# 2867	Deere PAC IOWA 666 Grand Ave Des Moines IA 50309		1000.00	<input type="checkbox"/>
8-28-10	ID# CK#	Justin Hupfer 3019 36th St. Des Moines IA 50310		150.00	<input type="checkbox"/>
8-29-10	ID# CK#	Sitnick + Assoc. 2543 Tech Dr. Bettendorf IA 52722		100.00	<input type="checkbox"/>
8-28-10	ID# CK#	GlaxoSmithKline PAC 5 Moore Dr. Research Triangle Park NC 27709		250.00	<input type="checkbox"/>
SUB-TOTAL				\$3225.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Concerned Citizens for Miller

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9-2-10	ID# CK#	Richard Allbee PO Box 436 Hampton IA 50441		\$ 250.00	<input type="checkbox"/>
9-2-10	ID# CK#	Daniel Myers 3810 Martins Yard Sioux City IA 51104		100.00	<input type="checkbox"/>
9-2-10	ID# CK#	Patricia Giorsio 4702 Chestnut Ridge Rd Cedar Rapids IA 52411		100.00	<input type="checkbox"/>
9-2-10	ID# 6067 CK# 514	IOWA NEALTA PAC 1775 90th St. W Des Moines IA 50266		400.00	<input type="checkbox"/>
9-2-10	ID# CK#	Tim Mortenson 24490 670 Ave. Nevada IA 50201		100.00	<input type="checkbox"/>
9-10-10	ID# CK#	Joanne Updegraff 425 Mississippi Blvd Bettendorf IA 52722		50.00	<input checked="" type="checkbox"/>
9-10-10	ID# CK#	Mike Vondran 2714 E 40th Davenport IA 52807		100.00	<input checked="" type="checkbox"/>
9-10-10	ID# CK#	Larry Daily 5480 Crestview Heights Dr Bettendorf IA 52722		250.00	<input checked="" type="checkbox"/>
9-10-10	ID# CK#	Jeff Goldstein 2076 Lundy Ln. Bettendorf IA 52722		250.00	<input checked="" type="checkbox"/>
9-10-10	ID# 6234 CK# 1161	IA Farm Bureau Federation PAC 5400 University Ave W. Des Moines IA 50266		100.00	<input type="checkbox"/>
SUB-TOTAL				\$1700.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS☐ CHECK THIS BOX IF
AMENDING FORM**COMMITTEE NAME (Must be same as on Statement of Organization)***Concerned Citizens for Miller***STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

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9-10-10	ID# 6073 CK# 1636	IA Medical PAC 1001 Grand Ave W. Des Moines IA 50265		\$ 1500.00	<input type="checkbox"/>
9-10-10	ID# 6021 CK# 2582	Credit Union PAC PO Box 10409 Des Moines IA 50306		1000.00	<input type="checkbox"/>
9-10-10	ID# 6291 CK# 2825	IA Hospital Assoc PAC 100 E Island Des Moines IA 50309		500.00	<input type="checkbox"/>
9-16-10	ID# 6118 CK# 5056	IA Optometric Assoc PAC 6150 Village View Dr W. Des Moines IA 50266		300.00	<input type="checkbox"/>
9-16-10	ID# CK#	Bridget Consamus 5379 Crow Creek Rd Bettendorf IA 52222		200.00	<input type="checkbox"/>
9-16-10	ID# 6069 CK# 2748	IA Industry PAC 904 Walnut Des Moines IA 50309		250.00	<input type="checkbox"/>
9-16-10	ID# 6059 CK# 3541	IA Committee of Auto Retailers PAC 1111 Office Park Rd W. Des Moines IA 50265		150.00	<input type="checkbox"/>
9-16-10	ID# 6056 CK# 4001	BUILD PAC 8800 NW 62nd Johnston IA 50131		500.00	<input type="checkbox"/>
9-18-10	ID# 6082 CK# 1573	Mid American Energy 666 Grand Ave Des Moines IA 50303		250.00	<input type="checkbox"/>
9-18-10	ID# 6052 CK# 3514	Independent Insurance Agents IA 4000 Westown Pkwy. W. Des Moines IA 50266		250.00	<input type="checkbox"/>
SUB-TOTAL				\$ 4900.00	
TOTAL (If last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Concerned Citizens for Miller

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9-18-10	ID# 6004 CK# 5043	Assoc. Gen. Contractors of IA PAC 701 E Court Ave Des Moines IA 50309		\$ 1000.00	<input type="checkbox"/>
10-4-10	ID# CK#	David Parochetti 4425 Valley Brook Dr. Bettendorf IA 52722		100.00	<input type="checkbox"/>
10-4-10	ID# CK#	Randall Johnson PO BOX 102 Long Grove IA 52756		250.00	<input checked="" type="checkbox"/>
10-4-10	ID# CK# 3375	Master Builders IA PAC 221 Park St. Des Moines IA 50306		250.00	<input type="checkbox"/>
10-4-10	ID# 6282 CK# 1901	NyVue Employees PAC 5820 Westown Pkwy. W Des Moines IA 50266		250.00	<input type="checkbox"/>
10-4-10	ID# 6042 CK# 1536	Grocers PAC 2540 106th Des Moines IA 50322		100.00	<input type="checkbox"/>
10-4-10	ID# 6058 CK# 4782	IA Chiropractic Soc. PAC 100 E Island Ave Des Moines IA 50309		500.00	<input type="checkbox"/>
10-4-10	ID# 6063 CK# 2456	IA Dental Assoc. PAC 5530 W Pkwy. Johnston IA 50131		500.00	<input type="checkbox"/>
10-14-10	ID# 6076 CK# 1629	IA Osteopathic PAC 950 12th Des Moines IA 50309		500.00	<input type="checkbox"/>
10-14-10	ID# CK# 2174	Caremark RX Inc. PAC 1300 I St. Washington DC 20005		1000.00	<input type="checkbox"/>
SUB-TOTAL				\$4450.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Concerned Citizens for Miller

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10-14-10	ID# CK# 3338	Free & Strong America PAC PO BOX 79226 Belmont MA 02479		\$ 500.00	<input type="checkbox"/>
10-14-10	ID# CK# 6047	Freedom First PAC PO BOX 9190 PAUL MA 55109		1000.00	<input type="checkbox"/>
10-14-10	ID# CK# 2066	WELI PAC PO BOX 9232 Des Moines IA 50306		250.00	<input type="checkbox"/>
10-14-10	ID# CK#	Gary Mohr 4755 Schoolhouse Rd. Bettendorf IA 52722		25.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$1775.00

TOTAL (if last page of this schedule)

\$16050.00

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Concerned Citizens for Miller

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
7-20-10	ID# CK#	Capital Resources 700 E Pleasant St. Brooklyn IA 52221	professional fees	\$62.15
9-10-10	ID# CK#	Scott Co. Republicans 2724 Eagle Heights Ct Bettendorf IA	contribution	500.00
10-6-10	ID# CK#	House Majority Fund 621 E 9th Des Moines IA 50309	contribution	10,000.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$
TOTAL (If last page of this schedule)				\$10,562.15

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(j).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Concerned Citizens for Miller

Reset Form

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
7-27-10	Bill Wallace 8717 NW Blvd Davenport IA 52806		beverages	\$ 76.75	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$

TOTAL (if last
page of this
schedule) \$

76.75

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule E)